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Bib Data Sheet

CONFIRMATION NO. 8879

<b>SERIAL NUMBER</b> 09/954,764	<b>FILING DATE</b> 09/18/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 0925.009/11862US09
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## APPLICANTS

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Leah B. Conroy, Pacifica, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A DIV OF 09/504,505 02/15/2000 PAT 6,315,998  
WHICH IS A CON OF 08/463,893 06/05/1995 PAT 6,056,959  
WHICH IS A DIV OF 08/070,158 05/28/1993 PAT 5,677,165  
WHICH IS A CIP OF 07/910,222 07/09/1992 PAT 5,397,703

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/09/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 12	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature _____ Initials _____					

## ADDRESS

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## TITLE

Method for treating an IgE-mediated disease in a patient using anti-CD40 monoclonal antibodies

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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